

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Main Street Media</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 25 / 2016		
Mailing Address P.O. Box 25093			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">815949.00</div>		
City Alexandria		State VA	Zip Code 22313		Transaction ID : SE1
Purpose of Expenditure TV/Media Placement		Category/Type		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 21 / 2016	
Name of Federal Candidate McGinty, Kathleen, Alana, ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11368914.60</div>		

  

Full Name of Payee <b>Main Street Media</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 25 / 2016		
Mailing Address P.O. Box 25093			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1264647.00</div>		
City Alexandria		State VA	Zip Code 22313		Transaction ID : SE2
Purpose of Expenditure TV/Media Placement		Category/Type		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 24 / 2016	
Name of Federal Candidate McGinty, Kathleen, Alana, ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11368914.60</div>		

  

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2080596.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Signature \_\_\_\_\_ Date 

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10 / 25 / 2016

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Main Street Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2016</b>
Mailing Address P.O. Box 25093		Amount <b>188049.57</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313</b>
Purpose of Expenditure Radio Placement	Category/Type	Transaction ID : <b>SE3</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2016</b>
Name of Federal Candidate <b>McGinty, Kathleen, Alana, ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>DMM Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2016</b>
Mailing Address 1911 N. Fort Myer Drive Ste 400		Amount <b>12739.24</b>
City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22209</b>
Purpose of Expenditure TV/Media Production	Category/Type	Transaction ID : <b>SE4</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 25 / 2016</b>
Name of Federal Candidate <b>McGinty, Kathleen, Alana, ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>200788.81</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Crosby, Caleb, ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 25 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Leadership Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571703	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>DMM Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 25 / 2016</b>	
Mailing Address 1911 N. Fort Myer Drive Ste 400		Amount <b>2844.29</b>	
City Arlington	State VA	Zip Code 22209	Transaction ID : SE5
Purpose of Expenditure Radio Production	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 25 / 2016</b>	
Name of Federal Candidate McGinty, Kathleen, Alana, ,		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: PA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>2844.29</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>2284229.10</b>

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Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 25 / 2016**

Signature